



Last Updated: 03/09/2022

Coverage Changes to the FAMIS Program (FAMIS MOMS & FAMIS Select) - Effective August 1, 2005

The purpose of this memorandum is to notify you of changes to the FAMIS (Family Access to Medical Insurance Security Plan) program. The Virginia General Assembly recently approved the addition of two new programs to FAMIS. Effective August 1, 2005, FAMIS will add coverage for adult pregnant women through the new **FAMIS MOMS** program. Second, the current FAMIS premium assistance program called Employer Sponsored Health Insurance (ESHI) will be redesigned, and the program name will be changed to **FAMIS Select**. A description of each program can be found below.

FAMIS MOMS

Currently, the Virginia Medicaid program provides coverage to pregnant women with family income equal to or below 133% of the Federal Poverty Level (FPL). FAMIS MOMS expands this coverage to include pregnant women with family income greater than 133% and less than or equal to 150% of the FPL. Pregnant women eligible for this program will:

- Have a gross family income greater than 133% and less than or equal to 150% of the FPL; and
- Not have credible health insurance coverage under a private or employer-sponsored group or individual health insurance plan; and
- Not have access to the State Employee Health Plan; and
- Be a resident of the Commonwealth of Virginia; and
- Be a U.S. citizen or a qualified legal immigrant; and
- Have a medically confirmed pregnancy or be within the 60-day postpartum period.



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FAMIS MOMS will provide enrollees the same coverage that pregnant women currently receive from the Virginia Medicaid program. There will be no differences in covered services, service limitations, and pre-authorization requirements. FAMIS MOMS will use the same system (fee-

for-service and MCOs) as Virginia Medicaid. Providers will use the same billing codes and billing procedures as they currently use for services provided to a pregnant woman covered by Medicaid under both fee-for-service (FFS) and MCOs. FAMIS MOMS will also require the same co-payments as are charged to Medicaid-enrolled pregnant women. All providers who are approved to bill for Medicaid services to pregnant women are also approved to bill for services in the same manner for an enrollee in FAMIS MOMS.

There is one important difference between Medicaid and FAMIS MOMS. Once the baby is born, the child will not automatically be enrolled in FAMIS. The mother must apply for the baby's coverage following the birth by contacting the local Department of Social Services (DSS), the FAMIS Central Processing Unit (CPU) at 1-866-87FAMIS, or by applying online at www.famis.org. A signed application must be received in the month in which the baby is born to ensure that the baby's eligibility will be determined for FAMIS, if birth-related expenses are to be covered. If the application is not filed in the birth month, the delivery will not be covered.

A pregnant woman can apply for FAMIS MOMS or for coverage for her newborn by either contacting the local Department of Social Services (DSS), the FAMIS Central Processing Unit (CPU) at 1-866-87FAMIS, or by applying online at www.famis.org.

FAMIS SELECT

Currently, the FAMIS ESHI program provides partial payments for health insurance premiums for families with access to health insurance through their



MEDICAID MEMO

employer. ESHI will be replaced by **FAMIS Select** as of August 1, 2005, and will give the families of FAMIS-eligible children the opportunity to choose between coverage under FAMIS and coverage through their private or employer-sponsored health plan. Children enrolled in FAMIS Select will access health services through their private or employer-sponsored health plan and will present the identification card of that plan for payment. Children enrolled in FAMIS Select will not have access to direct FAMIS coverage except if needed to cover childhood immunizations.

FAMIS ENROLLMENT

To assist families in learning more about these programs, or to apply for FAMIS, FAMIS Select, or FAMIS Plus for children, or to apply for Medicaid or FAMIS MOMS for pregnant women, direct them to their local Department of Social Services (DSS) office, to the FAMIS Central Processing Unit at 1-866-87FAMIS, or to the FAMIS website at www.famis.org.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to



MEDICAID MEMO

the Provider Column to find Medicaid and SLH Provider Manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

"HELPLINE"

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays, to answer questions. The "HELPLINE" numbers are:

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| 1-804-786-6273 | Richmond area and out-of-state long distance |
| 1-800-552-8627 | All other areas (in-state, toll-free long distance) |

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid provider identification number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include upcoming changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.